Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in TC 5-2-15-3.

Date:	<u>8/27/2008</u>	Address:	JOHNSON & BEARDSLEY
Case #:	24F29565		ELKILART, IN
County:	<u>ELKHART</u>		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	theck all that apply) Hotel/Motel Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): OPEN AIR Red Phosphorous/Todine Reaction(s): Flammable Solvents: OPEN AIR Water Reactive Metal (Lithium): OPEN AIR Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): OPEN AIR Corrosive Acid: Corrosive Base: Other (item and location):			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephcdrinc/Pseudoephedrine Tracking Log ☐ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☐ Other: This report is to be faxed to the following agencies that serve the location: Fire Department: ELKHART FIRE Fax: 574) 522-1023 Health Department: ELKHART CO. Fax: (574) 875-3376			
•	etion Service: N/A	Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.